

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021895

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5557

STATE FILE NUMBER

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2736 Thomas	
3. NAME OF DECEASED (Type or print) First Mae Middle D. Last McAdoo		4. DATE OF DEATH Month 5 Day 23 Year 63	
5. SEX Fem.	6. COLOR OR RACE Negre	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/5/1895
9. AGE (last birthday) 68		10. IF UNDER 1 YEAR Months 3 Days 17	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Joseph McAdoo		13b. MOTHER'S MAIDEN NAME Sally Hunt	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Sybil Kennedy 3027 Caroline St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intractable Congestive Heart Failure Arteriosclerotic Heart Disease 4200 DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Undet.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Shock		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:00 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11:00 a.m.		20f. CITY, TOWN, OR LOCATION St. Louis Co. Mo.	
21. I attended the deceased from 5-22-63 to 5-23-63 and last saw her alive on 5-23-63 Death occurred at 6:50 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. H. H. M.D.	
22b. ADDRESS 2601 N. Whittier		22c. DATE SIGNED 5-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/29/63	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		23e. REGISTERAR'S SIGNATURE Coal Smith M.D.	
24. FUNERAL DIRECTOR Wright's Funeral Home 3100 Easton Ave.		25. DATE RECD. BY LOCAL REG. MAY 25 1963	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

77

2 2 19

77-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____,
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Arthur L. Gilliland

Licensed Embalmer No.

4221

P. O. Address

3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.